THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The Family Welfare Programme provides primary health care services through a network of 9926 Sub-Centres, 1674 Primary Health Centres and 263 Community Health Centres in the rural areas of Rajasthan. Schemes of RCH Camp, Outreach Camp, Immunization Programme, Referral Transport, Dai Training, Involvement of NGOs, National Maternity Benefit Scheme, Jan Mangal Couples, Prime Minister Gramodaya Yojana and Compensation for loss of wages to acceptors of sterilization are oprational at village levels.

(b) Funds released to Rajasthan under the National Family Welfare Programme for last three years are as follows:

Year	Rs. (in lakhs)
2000-01	22907.28
2001-02	22830.09
2002-03	22678.37

(c) The Crude Birth Rate in Rjasthan for the last three years as per SRS data, is as below:

Year	Rural	Urban	Total
1999	32.5	24.9	31.1
2000	32.8	25.1	31.4
2001	32.4	24.8	31.1

Sale of spurious drugs

793. SHRI RAJU PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that fake and spurious drugs are ineffective against diseases and are a threat to health of human beings;

(b) if so, the steps Government have taken to crack down on the manufactures of spurious drugs;

(c) whether the High Court of Delhi has reecently asked a report on circulation of spurious drugs in the country; and

(d) if so, the details of the report sent to the Delhi High Court?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) Under the provisions of Drugs & Cosmetics act, 1940 and Rules thereunder, the responsibility for regulating manufacture and sale of drugs including monitoring their quality is vested with the state Governments. The State Governments are advised from time to time to gear up their enforcement machinery to detect and unearth spurious/ fake drugs moving in the inter-state commerce as well as to provide and strengthen their regulatory infrastructure to establish their own State level testing labs. to ensure speedy analysis of drug samples for which they are provided assistance to strengthen and augment their infrastructure facilities in their lab. The State Governments have also been advised to keep strict surveillance over the suspected dealers; collection of survey samples under National Survey Quality Evaluation of Drugs (NSQED) programme; constitution/reactivation of State drug advisory committees in which various trade and industry association as well as consumer associations can file representations; establishment of separate intelligence-cum-legal cell; to develop efficient communication facilities and recall procedures; engaging experienced counsel for fighting spurious drug cases etc.

Government of India has taken the following initiatives to tackle the problem of spurious drugs:—

(i) Detailed guidelines in respect of strategies required to be adopted for efficient surveillance over thhe movement of spurious drugs were given to States on November 17, 1999 to ensure focused surveillance over manufacture and sale of spurious drugs.

(ii) Issues concerning alleged sale of spurious drugs was taken up by Union Helath Minister with State Health Ministers in the 7th Conference of Central Council of Health (CCH) & FW held on 12-13 July, 2001. CCH resolved that in order to address issues relating to the increasing reports of spurious drugs/counterfeit drugs, special attention requires to be given to monitor and unearth such illegal activities by constituting a separate

intelligence-cum-legal cell in the respective drug control organization and in seeking cooperation of the pharma industry, trade as well as the police.

(iii) Department of Health constituted a broad based Committee under the chairmanship of DGHS in July 2001 to examine issues concerning the problem of spurious durgs. The observations and recommendations of this Committee have been circulated on Sept. 16, 2002 to all State Drugs Controllers for their information and necessary action in the matter.

(iv) Union Minister of Health & Family Welfare had specifically written to all Chief Ministers on Oct. 8, 2002 on the issue of spurious drugs, seeking their personal intervention to ensure that adequate measures are taken in each State to vigorously pursue the strategies needed to preclude any possibility of meanace of spurious products so as to collectively ensure its total eradication.

(v) A meeting of Health Ministers and Senior Officials of 13 major States of the country was convened by Union Minister of Health & Family Welfare on 12.11.2002 to ensure concerted action to check any possible movement of spurious drugs in the country and to involve all stakeholders to fight this meance. Suggestions/ views which emerged out of discussion were forwarded on Jan. 8, 2003 to all the State Governments for their information and necessary action. One of the recommendations which emerged as outcome of discussion, was enactment of "The Gujarat Prevention of Anti-social Activities Act, 1985" PASA by State Governments for deterrent action against offenders.

(vi) In order to increase the number of drug samples tested in the country and to bring down the reporting time to less than a month as against 3 to 6 months presently being taken by many laboratories, a comprehensive plan has been undertaken by Central Government under a capacity building project to be implemented with World Bank assistance.

(vii) In order to ensure speedy infomation exchange and networking of all States and Central Drugs Control Offices and Laboratories. a computerization project has been undertaken by Central Government

(viii) A Specialized training programme for drugs control officers of all State Governments responsible for keeping surveillance over possible movement of spurious drugs has been formulated and was conducted from 25 June. 2003 by Central Governments in cooperation with FDA, Maharashtra at Mumbai.

(ix) Government of India have constituted a Committee of experts on January 27,2003 under the Chairmanship of Dr. R.A Mashelkar, Director General Council for Scientific and Industrial Research (CSIR) to undertake a comprehensive review of the drugs regulatory system in the country including the problem of spurious and substandard drugs and recommend remedial measures to deal with this problem effectively. The Committee has held two meetings on 26.2.2003 and 17.7.2003 to undertake focused examination of two distinct areas of its terms of reference. Consulations with number of eminent persons and stakeholders has also been undertaken. One of the issues to be addressed by this committee is to introduce highly stringent and deterrent punishment for drug offenders.

(c) and (d) Common Cause (Registered) Society filed a PIL (CWP No. 8105/2002) in the High Court of Delhi, seeking intervention of the court to stop trading in spurious drugs in the Capital and asking the respondents (Government of Delhi and Government of India) to take measures to stop production, distribution, sale and possession of spurious drugs in the interest of general public. The Hoh'ble High Court heard the petitioner and respondents on 3.2.2003 and 1.4.2003 and passed interim order wherein the court directed Government of India, Ministry of Health and F.W. to place before the court by the end of Aug, 2003, a copy of the report, together with its gist, of the Expert Committee constituted by the Government of India under the chairmanship of Dr. R.A Mahelkar, DG, CSIR and Secretary to Government of India which is looking into the various issues related to drugs control administration including the matter of effectively tackling the problem of spurious drugs. The report of the Mashelkar Committee will be placed before the Court as and when it is made available.